

## Procedural Guide

0600-518.31

### DRUG-ENDANGERED CHILDREN (DEC) PROGRAM

Date Issued: 04/28/10

☐ New Policy Release

☒ Revision of Existing Procedural Guide 0600-518.31, Drug-Endangered Children (DEC) Program, dated 04/03/07.

**Revision Made:** NOTE: Current Revisions are Highlighted.

Non-substantive revisions were made to this Procedural Guide to reflect current practice.

Cancels: None

### DEPARTMENTAL VALUES

This policy supports the Department's efforts to ensure safety for children by providing staff with guidelines on how to identify and protect drug-endangered children.

### WHAT CASES ARE AFFECTED

This Procedural Guide is applicable to all new and existing referrals and cases.

### OPERATIONAL IMPACT

The clandestine manufacture and distribution of methamphetamine, and other drugs, such as PCP and Ecstasy, have created a public health and safety crisis in Los Angeles County. As a result of the exposure to chemicals used to manufacture these drugs and the danger of fire/explosions when the chemicals are combined, the risk to children at these locations is extremely high. These children have usually been exposed to a variety of chemicals that require more specific and thorough health assessments and treatments.

Exposing a child to the manufacturing, trafficking, and use of narcotics is criminal conduct and a response by law enforcement and child welfare agencies is essential to addressing the child's health and welfare. Around the country, Drug Endangered Children (DEC) programs have been developed to coordinate the efforts of law enforcement, medical services, prosecution and child welfare agencies to ensure that the children found in these environments receive appropriate attention and care. The DEC program has two overall goals: to break the cycle of child abuse, neglect, and endangerment caused by those who manufacture, use, and sell drugs and to create a collaborative, multidisciplinary response to help children discovered in illegal methamphetamine labs.

The multi-agency Drug Endangered Children (DEC) Response Team is comprised of Los Angeles County DCFS, the Los Angeles Interagency Metropolitan Police Apprehension Crime Task Force, (LA IMPACT), the Los Angeles County Sheriff's Department, the Los Angeles District Attorney's Office and the California Bureau of Narcotics Enforcement. Law Enforcement and the District Attorney's pursue the arrest and prosecution of the illicit drug manufacturers and their accomplices, in part, to reduce the number of children who are exposed to these dangers. The District Attorney's Office, Law Enforcement and DCFS are also responsible for gathering statistical information used to track the case outcomes and services provided for DEC children and their families.

DCFS established the Drug Endangered Children's (DEC) Program in late 1997. The DEC Program's original primary mission was to rescue children from clandestine drug laboratories. As a result of the successful implementation of the DEC multi-disciplinary response team, the Board of Supervisors instructed DCFS to expand its working collaboration with independent law enforcement agencies in Los Angeles County. Further, The Board of Supervisors also directed DCFS to allocate the resources necessary to establish the DCFS Multi-Agency Response Team (MART). In 2004, DCFS successfully implemented MART and has co-located MART team investigators/CSW's with various law enforcement agencies throughout Los Angeles County to conduct DEC investigations and additional services addressing a wide variety of other high profile type criminal activities, where children are present. [See Procedural Guide 0070-548.09, Multi-Agency Response Team \(MART\) Referrals.](#)

DCFS has maintained a DEC Coordinator position since the year 2000. The DEC Coordinator position serves the Department in a variety of multi-disciplinary roles and responsibilities including, but not limited to: coordination of DEC/MART team response to clandestine drug laboratory investigations that have children present, inter-departmental substance abuse awareness training, statistical data collection and analysis, research design, development of evidenced based best-practice standards for DEC response, and policy development in the area of safety awareness and other emerging DEC related issues. The DEC Coordinator position, as well as the specific protocols and services designed to respond to the needs of children identified in drug endangered situations, remains firmly in place and supported by DCFS policy and supervision.

## PROCEDURES

### A. WHEN: A DEC REFERRAL IS RECEIVED FROM THE CHILD PROTECTION HOTLINE (CPH)

The DEC Program utilizes MART staff to respond to DEC identified referrals, however CSW's may encounter a clandestine drug laboratory while in the course of a child abuse investigation or a routine home visit.

### ER CSW Responsibilities

**NOTE:** If a DEC referral is received in out-of-home care, follow procedures set forth in Procedural Guide 0070-548.05, Emergency Response Referrals Alleging Abuse in Out-Of-Home Care Regarding Children Who Are Under DCFS Supervision, and comply with procedures outlined in Section A.

1. Review the referral to verify that the Child Protection Hotline (CPH) has identified it as involving a DEC situation. See Procedural Guide 0070-548.09, Multi-Agency Response Team (MART) Referrals.
  - a) If the referral involves a clandestine drug laboratory, but the referral source is not law enforcement or the DEC Coordinator, immediately notify the DEC Coordinator, (323) 869-6895 or (323) 838-2856-and/or the law enforcement agency with jurisdiction over the site.
2. Prior to responding to the referral, always contact the DEC/MART Coordinator and/or the law enforcement agency involved in order to:
  - a) Ensure a two-hour response time.
  - b) Confirm the location where to respond as the parent/caregiver may already be in custody; the residence may have been quarantined; child(ren) may have been removed from the scene by law enforcement to a safe location.

**NOTE:** In situations where hazardous conditions exist at a drug lab, law enforcement will immediately place the child(ren) into protective custody pursuant to Welfare and Institutions Code Section 300. Law enforcement and/or medical personnel at the scene will attempt to gather a urine specimen from the child(ren). In addition, the Los Angeles County fire paramedics will be notified and will transport the child(ren) to the appropriate hospital.

3. If responding to the lab site, remain in the designated safety zone until otherwise advised by law enforcement that it is safe to proceed.
4. When clearance has been given, assess the child(ren)
  - a) For children with obvious illness or injury, call 911 (law enforcement will be present as part of the DEC Team response and will participate in obtaining immediate medical assistance).
  - b) For general physical symptoms of exposure to the chemicals in drug laboratories such as:
    - Watery eyes, discharge from the eyes, blurred vision, burns of the eyes
    - On the skin: drying, irritation and redness and/or mild to severe burns
    - Sneezing, coughing, difficult and labored breathing, congestion of the voice box, chest pain
    - Nausea, vomiting, and abdominal pain

**NOTE:** Per the Interagency DEC Protocol, L.A. IMPACT and DCFS team members will conduct the initial interviews jointly with all victims at the scene, if possible. If this is not possible, a complete interview will take place upon completion of the child(ren)'s medical examination.

5. When assessing the home environment, look for or ask the investigating law enforcement officer to look for excessive quantities or a combination of the following items commonly found in a drug laboratory which are often located in areas of the house or garage accessible to children:
  - Funnels, flasks, plastic tubing, large plastic containers, beakers
  - Drano, iodine crystals, Red Devil Lye, cold medications, such as Actifed, Sudafed, rock salt
  - A large variety of chemicals which may be stored in food preparation areas or the refrigerator in unlabeled or inappropriately labeled food or drink containers such as juice containers, soft drink bottles, or ordinary pitchers
6. If immediate medical treatment/examination is indicated, accompany the child(ren) to **the nearest emergency room**.
7. Document all findings in the Contact and Health Notebooks. **See Procedural Guide 0400-503.05, Standards for Documenting Contacts**.
8. If the child(ren) is not being taken into **temporary** custody, inform the parent/caregiver that the child must be immediately examined (within 24-72 hours) to rule out methamphetamine or other drug exposure.

- a) Provide the parent/caregiver with the appropriate medical referrals and time frames for the medical examination. See Attachment I.
  - b) If the parent fails or refuses to have the child medically examined, consult with the SCSW to determine what the next course of action should be.
9. In addition, to the previous procedures CSW's shall follow the procedures set forth in Procedural Guide 070.548.10, Disposition of the Allegations and Closure of the Emergency Response Referral, in the completion of their investigation.
10. If the child(ren) is taken into **temporary** custody, follow existing procedures to complete the detention process. See Procedural Guide 0070-548.20, Taking Children into Temporary Custody.

**NOTE:** A child's personal possessions should always be left at a lab scene to avoid possible chemical/drug contamination in other settings. Only in cases of gross chemical/drug contamination will medical personnel involved in the DEC Response Team remove the child's clothing and provide clean attire prior to removing the child from the scene.

- a) On the DCS 709, Section III, E., "Other Comments" enter: Drug Exposed Status; child may be drug exposed and must be medically examined within 24 hours.
- b) If the child has not already been medically examined, inform the caregiver of child's DEC status and the need for the initial medical exam to be completed within 24 hours, (if the child was taken into **temporary** custody Monday-Thursday) and within the next business day, (if the child was taken into **temporary** custody Friday, Saturday, Sunday, or on a holiday). **Direct the caregiver to take the child to a Medical Hub. See Procedural Guide 0600-500.00, Utilization of Medical HUBS.**

**NOTE:** There are two collaborating medical facilities that will assist in providing the appropriate services to Drug Endangered Children, Huntington Memorial Hospital and King/Drew Medical Center, Multi-Service Hub. See Attachment I.

- c) Provide the caregiver with the "Instruction Sheet for Caregivers of Children Exposed to Methamphetamine (or other drugs) Lab." See Attachment I.

## **SCSW Responsibilities**

1. Review each document and supporting reports for compliance with DCFS policy, legal and regulatory requirements.
2. If not approved, return the case to the CSW for corrective action.
3. If approved, complete the on-line approval and transfer the case to the FM/R/G CSW. For ERCP, see Procedural Guide 1000.501.10, Case Assignment: From Emergency Response Command Post (ERCP) to Regional FM/R/G Children's Social Worker.

## **B. WHEN: A DEC CASE IS RECEIVED FROM MART**

The types of chemicals, degree of toxicity, and duration of exposure can have long term, detrimental effects on drug endangered children. It is therefore imperative that accurate assessment and treatment be an ongoing process. Medical professionals who are familiar with the chemicals involved in clandestine laboratories are the best qualified to see these children. In addition, they can ensure an appropriate level of care and continuity of care.

Most drug endangered/exposed children are to receive on going care through the Multi-Service Hub, located on the campus of King/Drew Medical Center. The Hub also assists in building a database and identifying long term medical needs of drug-endangered children.

In the event that the child is placed at a location too distant for regular follow-up care at the Hub, staff at the Hub will assist in referring the caregiver and child to an appropriate medical provider that has the expertise to provide follow-up care. If chemical exposure has been ruled out medically, either at the initial or at subsequent exams, the child should receive regular medical care per CHDP standards and time frames. See Procedural Guide 0600-506.10, Child Health and Disability Prevention (CHDP) Program.

## **FM/R/G SCSW Responsibilities**

1. Receive and review the case including all documents and supporting reports for compliance with DCFS policy, and legal and regulatory requirements.
2. If the case is incomplete, consult with the sending SCSW to ensure corrective action.

## **Case-Carrying CSW Responsibilities**

1. Continue to provide case management services according to existing policy.

- a) With the assistance of the parent/caregiver, if possible, and the Public Health Nurse (PHN), obtain the child's previous medical history/records and forward this to the initial medical provider (King/Drew Hub or Huntington Memorial Hospital **or Hub**) or the child's medical provider.
- b) Instruct the child's current caregiver to take the child for a follow-up exam with the initial service provider (King/Drew Multi-Services Hub or Huntington Memorial Hospital or the specialized medical provider referred to) within 30 days of the initial medical examination in order to:
  - Reevaluate the comprehensive health status of the child.
  - Identify any latent symptoms
  - Ensure any needed appropriate and timely follow up services

2. If it is medically determined that the child has serious physical disabilities, work with the PHN to see if the child qualifies for an F-rate and whether to transfer the child's case to the **Medical Case Management Services (MCMS) Unit**. See Procedural Guides 0900-522.11. Specialized Care Criteria-Schedule "F", and 0600-505.10, **Assessment of and Services for Children With Special Health Care Needs and** Procedural Guide 0600-513.10, **Medical Case Management Services (MCMS) Unit: Intake/Transfer Criteria and Transfer Procedures.**

### **C. WHEN: A CSW UNEXPECTEDLY ENTERS A SITE WHERE DRUGS ARE CURRENTLY BEING MANUFACTURED**

In compliance with the California Code of Regulations only personnel trained and certified in clandestine laboratory safety operations should enter clandestine laboratory sites. Personnel not appropriately trained should take no action other than to notify the proper personnel. If CSW's discover a clandestine laboratory site, they should **discretely and immediately leave the premises and notify law enforcement** and the DEC/MART Coordinator at (323) 838-2856 or (310) 668-6511. CSW's should seek medical attention immediately if they experience any symptoms listed under **Part A., 4., b.**

1. Look for environmental indicators of a clandestine drug laboratory. (See **Part A., 5.**)
2. Observe the occupants of the residence for any physical symptoms associated with chemical exposure. (See **Part A., 4. b.**)
3. While in the home do not:
  - Smoke
  - Touch, move, lift, carry, push, or slide anything
  - Shut off/turn on anything such as electrical machinery
  - Turn lights or electrical appliances on or off

- Open refrigerator doors
4. **Exit the home immediately** and call the law enforcement agency with jurisdiction over the site.
  5. Wait for instructions from law enforcement before proceeding further.
  6. When law enforcement has determined that it is safe to enter the laboratory site, follow steps in **Part A.**, 3. -10 when appropriate.

### APPROVAL LEVELS

Section	Level	Approval
A.	SCSW	Transfer Case
B. –C.	None	

### OVERVIEW OF STATUTES/REGULATIONS

**Penal Code, Section 13875-13879.81**-The legislature finds and declares that counties need to implement multi-agency response teams consisting of law enforcement, prosecution, and health or children’s services, that can respond effectively to clandestine laboratories in which children are present.

**Welfare and Institutions Code, Section 300 (a-j)**-Children described in 300(a-j) are within the jurisdiction of the juvenile court and may be declared dependents of the juvenile court. Drug abuse cases are generally categorized under 300(b)-Neglect.

**California Code of Regulations, Title 8, Sections 5144, 5192, and 5198**-Only personnel trained and certified in clandestine laboratory safety operations should enter clandestine laboratory sites.

### LINKS

<b>California Code</b>	<a href="http://www.leginfo.ca.gov/calaw.html">http://www.leginfo.ca.gov/calaw.html</a>
<b>Division 31 Regulations</b>	<a href="http://www.cdss.ca.gov/ord/PG309.htm">http://www.cdss.ca.gov/ord/PG309.htm</a>
<b>Title 22 Regulations</b>	<a href="http://www.dss.cahwnet.gov/ord/PG295.htm">http://www.dss.cahwnet.gov/ord/PG295.htm</a>

### RELATED POLICIES

[Procedural Guide 0070-548.09](#), Multi-Agency Response Team (MART) Referrals  
[Procedural Guide 0070-548.05](#), Emergency Response Referrals Alleging Abuse in Out of Home Care Regarding Children Who Are Under DCFS Supervision



[Procedural Guide 0070-548.20](#), Taking Children into Temporary Custody  
[Procedural Guide 0070-548.10](#), Disposition of the Allegations and Closure of the  
 Emergency Response Referral  
[Procedural Guide 0600-505.10](#), Assessment of and Services for Children With Special  
 Health Care Needs  
[Procedural Guide 0600-506.10](#), Child Health and Disability Prevention (CHDP)  
 Program  
[Procedural Guide 0600-513.10](#), Medical Case Management Services (MCMS) Unit:  
 Intake/Transfer Criteria and Transfer Procedures  
[Procedural Guide 0900-522.11](#), Specialized Care Criteria-Schedule "F"  
[Procedural Guide 1000-501.10](#), Case Assignment: From Emergency Response  
 Command Post (ERCP) to Regional FM/R/G Children's Social Worker

### FORM(S) REQUIRED/LOCATION

<b>HARD COPY</b>	None
<b>LA Kids:</b>	<a href="#"><u>DCFS 709</u></a> , Foster Child's Need and Case Plan Summary
<b>CWS/CMS:</b>	<b>DCFS 709</b> , Foster Child's Need and Case Plan Summary Contact Health Notebook
<b>SDM:</b>	None

## INSTRUCTION SHEET FOR CAREGIVERS OF CHILDREN EXPOSED TO METHAMPHETAMINE LABORATORIES

The child (ren) who have been placed in your home may have recently been exposed to chemicals at an illegal drug lab. Children found in this environment who do not require emergent medical care will need to be seen within a period of twenty-four to seventy-two hours from the time they were taken into protective custody. In cases of emergency care, these child(ren) will have already received necessary medical treatment at the time of the detention before they were brought to your care.

It is the responsibility of the placement caregiver to follow through and ensure that the child(ren) who are part of the Drug Endangered Children's (DEC) Program are medically assessed within this time frame in order to assist us in ruling out methamphetamine exposure.

There are two collaborating medical facilities that will assist in providing the appropriate services to Drug Endangered Children, Huntington Memorial Hospital and King/Drew Medical Center, Multi-Service Hub. Caregivers can go to the medical facility closest to their home.

Huntington Memorial Hospital is located at 100 West California Blvd., Pasadena, CA 91107. They can also be reached by calling (626) 397-5112. Huntington Memorial Hospital will provide initial and emergency medical services to DEC Children. The caregivers bringing children to receive care at this facility are requested to see the front desk intake medical staff in the Emergency Room Floor and immediately identify the child(ren) as being "Meth Lab Exposed." The caregiver should also notify the hospital staff that the Department of Children and Family Services Drug Endangered Children's Program referred them.

Martin Luther King Jr./Drew Medical Center, Multi-Service Hub is located at 1721 East 120<sup>th</sup> Street, Los Angeles, CA 90059. To schedule an appointment at the Hub contact the medical secretaries at (310) 668-6400. **The Hubs provide medical examinations, developmental and dental screenings, pscho-social assessments and will conduct all medical follow-up and subsequent evaluations.** On-going medical services can be provided by the Hub for the duration of DCFS intervention or can be referred out when one or more of the following is true: 1. Meth lab exposure has been ruled out; 2. Medical treatment has stabilized and/or eliminated the risk of meth lab exposure; and 3. A separate medical facility has been identified near the child(ren)'s placement to have similar capabilities in providing the appropriate and specialized medical care to DEC Children. Advise the medical staff of the referral by DCFS, DEC Program to seek medical follow-up for the child(ren) in your care for "Meth Lab Exposure."

**Monitor the child/children for these signs/symptoms:**

Nausea/Vomiting/Diarrhea  
Moderate – Severe Headache  
Very Rapid Heart Rate  
Extreme Irritability  
Dark Colored Urine  
Fever, High Temperature

Abdominal Pain  
Hallucinations  
Chest Pain  
Decrease In Mental Status  
Yellow Jaundice

**If the child(ren) have any of these symptoms before they are scheduled to see the doctor, they should immediately be taken to see an ER Physician closest to your home. This should be followed by a prompt phone call to notify the case-carrying Children Social Worker.**